



HAND DELIVERED

#81812
09 FS-1

Due By April 30, 2010

*Rhode Island Ethics Commission***2009 YEARLY FINANCIAL STATEMENT**FRANK T CAPRIO
29-31 JONES STREET
PROVIDENCE RI 02903-0000RECEIVED
RHODE ISLAND
ETHICS COMMISSION
10 APR 30 AM 8:4ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009
UNLESS OTHERWISE SPECIFIED.**PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED**, and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.**Note:** If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).1. Caprio Frank T.
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)2. 29-31 Jones St Providence, RI 02903
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

General Treasurer RI
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on _____. I was appointed on _____. I was hired on _____.
(date) (date) (date)

Nov. 2006

If you no longer hold a public position, state date of termination or resignation _____.

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

5. List the following: NAME OF SPOUSE

Gabriella Caprio

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY
MEMBER EMPLOYED

NAME AND ADDRESS
OF EMPLOYER OR OCCUPATION

DATES AND NATURE
OF SERVICES RENDERED

Please see attached

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

Please see attached

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: Please see attached

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER
RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

Please see attached

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

None

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

Please see attached

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

None

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

None

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

None

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

None

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

None

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

John T. Lepore

SIGNATURE

State of Rhode Island

County of Providence

Subscribed and sworn to before me at Providence this 29th day of April 2010.

My Commission expires: 6-30-10

Donald R. Celap

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

Rhode Island Ethics Commission
2009 Yearly Financial Statement

Frank T. Caprio

6. Frank T. Caprio

State of RI 1/1/09 – 12/31/09
General Treasurer
State House - 102
Providence, RI 02903

Frank T. Caprio, Esq. 1/1/09 – 12/31/09
(self employed attorney)
(inactive – received residuals)
One Center Place
Providence, RI 02903

Gabriella Caprio

City of Providence 1/1/09 – 12/31/09
Providence School Dept.
Westminister St.
Providence, RI

Frank Caprio II
(minor)

self employed – collectibles 1/1/09 – 12/31/09
and investments
One Center Place
Providence, RI 02903

7. Frank T. Caprio

Joint Tenant Old Boston Neck Rd.
Narragansett, RI (lot)

Joint Tenant Briggs Farm Plat/Lot NB-30-2
Narragansett, RI (lot)

Trust One Center Place
Providence, RI 02903

Gabriella Caprio

Joint Tenant 116 - 118 Mt. Pleasant Ave.
Providence, RI

Frank T. & Gabriella
Caprio

T/E 27 & 31 Jones St.
Providence, RI

Frank T. Caprio
2009 Yearly Financial Statement

8. Trust: Frank Caprio II (minor) UTMA
Trustee: Anthony Caprio, Esq. One Center Place Providence RI
Family member receiving trust income: Frank Caprio II (minor)
Assets: Publicly traded stocks and mutual funds – MO,
HQL,IBM,KFT,NYVTX, NSHXX

9. Frank T. Caprio

Harvard Club of Rhode Island – Secretary
c/o Turks Head Building – Suite 1050
Providence, RI

Aurora Civic Association – Board
289 Broadway
Providence, RI

Frank Caprio Irrevocable Gift Trust – Co-Trustee
One Center Place
Providence, RI

Cabrini I Family Limited Partnership & Trust
Ltd. Partner & Trustee
One Center Place
Providence, RI

Rinaldo Almonte Trusts I – Trustee
One Center Place
Providence, RI

Continued next page

Frank T. Caprio
2009 Yearly Financial Statement

RI State Investment Commission – Chair
RI Retirement Board – Chair
RI Clean Water Finance – Board
RI Higher Ed. Assistance Authority – Board
RI Housing Mortgage Finance Corp. – Board
RI Student Loan Authority – Board
RI State Properties Committee – Board (non-voting)
RI Public Finance Management Board-Board
RI Sinking Fund Commission – Board
RI Refunding Bond Authority – Board
c/o Treasurer's Office
State House Room 102
Providence, RI

Gabriella Caprio Providence Performing Arts Center – Board
Weybosset St.
Providence, RI

Question 11) Frank T. Caprio

Cabrini I F.L.P. & Trust – holds Columbia mutual funds listed
below
One Center Place
Providence, RI

The following are publicly traded and quoted corporations, bonds or funds

Columbia Large Cap Index Fund
ING Thornburg Value Portfolio
ING UBS US Large Cap
ING Van Kampen Equity & Income
ING Global Resources Portfolio

Frank T. Caprio
2009 Yearly Financial Statement

Question 11) continued from previous page

Columbia Small Co Equity Fund
Columbia Cash Reserves Daily
Fidelity ADV Inflation Protected Bond Fund
Oppenheimer Quest Balanced Fund

Gabriella & Frank T. Caprio

Franklin High Yield Tax Free

Gabriella Caprio

John Hancock Small Cap Growth
John Hancock Core Equity
Fidelity Growth & Income
Fidelity Asset Manager Growth
Oppenheimer Quest Balanced Fund
First Eagle Global Fund'

Frank Caprio II

International Business Machines
Altria Corp
Microsoft
Davis NY Venture Fund
H&Q Life Sciences HQL
AllianceBernstein Collegebound Balanced Fund
Columbia Small Cap Value
Columbia Large Cap Index Fund
AIM Large Capital Growth
RS Emerging Growth

GENERAL OFFICER ADDENDUM
TO 2009 FINANCIAL DISCLOSURE STATEMENT

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

For: Frank T. Caprio
Name of Source: State of RI
Address: 1 Capitol Hill
Providence, RI
Description: salary for service as
General Treasurer

- ☐ Not more than \$1,000
☐ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☒ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: Bank of America
Columbia Funds
Address: PO Box 25118
Tampa, FL
Description: Interest and Dividends

- ☒ Not more than \$1,000
☐ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island
County of Providence

Signed

Date

Frank T. Caprio 4/29/10

Subscribed and sworn to before me at Providence on the following date: 4/29/10

My Commission Expires: 6-30-10

Michael R. Pessaro
Signature of Notary Public

(Attach additional sheets if necessary)

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

For: Frank T. Caprio
Name of Source: Franklin Templeton Investments ☐ Not more than \$1,000
☒ \$1,001 to \$10,000
Address: One Franklin Way ☐ \$10,001 to \$25,000
San Mateo, CA 94403 ☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
Description: tax free income from ☐ \$100,001 to \$200,000
bond fund ☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: Frank T. Caprio, Esq. ☐ Not more than \$1,000
(inactive self employed atty.) ☒ \$1,001 to \$10,000
Address: One Center Place ☐ \$10,001 to \$25,000
Providence, RI 02903 ☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
Description: residuals from matters ☐ \$100,001 to \$200,000
referred to Anthony Caprio, Esq. ☐ \$200,001 to \$500,000
from pre 2007 ☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: _____ ☐ Not more than \$1,000
_____ ☐ \$1,001 to \$10,000
Address: _____ ☐ \$10,001 to \$25,000
_____ ☐ \$25,001 to \$50,000
_____ ☐ \$50,001 to 100,000
_____ ☐ \$100,001 to \$200,000
Description: _____ ☐ \$200,001 to \$500,000
_____ ☐ \$500,001 to \$1,000,000
_____ ☐ More than \$1,000,000